

FEC
FORM 1

STATEMENT OF
ORGANIZATION

SECRETARY OF THE SENATE

13 OCT 18 PM 1:24

Office Use Only

1. NAME OF
COMMITTEE (in full)

☐

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

FRIENDS OF FITZSIMMONS

ADDRESS (number and street)

134 SOUTH GRACE AVENUE

☐

(Check if address
is changed)

KEWANEE

CITY ▲

IL

STATE ▲

61443-3042

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐

(Check if address
is changed)

ILSENATOR2014@gmail.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐

(Check if address
is changed)

2. DATE

10 / 01 / 2013

3. FEC IDENTIFICATION NUMBER ►

C

4. IS THIS STATEMENT



NEW (N)

OR



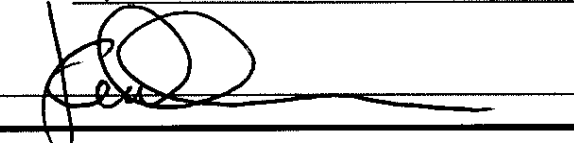
AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

KENT EDWARD FITZSIMMONS

Signature of Treasurer



Date

10 / 01 / 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

13020471458

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) ☒ This committee is a principal campaign committee. (Complete the candidate information below.)
- (c) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of
Candidate**KENT EDWARD FITZSIMMONS**Candidate
Party AffiliationOffice
Sought:

House

☒ Senate

President

State

IL

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
Candidate**Party Committee:**

- (d) ☐ This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number ☐
2. _____ FEC ID number ☐
3. _____ FEC ID number ☐
4. _____ FEC ID number ☐

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Write or Type Committee Name

FRIENDS OF FITZSIMMONS

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

KENT EDWARD FITZSIMMONS

Mailing Address

134 SOUTH GRACE AVENUE

KEWANEE

IL

61443-3042

Title or Position

CITY

STATE

ZIP CODE

CANDIDATE

Telephone number

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name
of Treasurer

KENT EDWARD FITZSIMMONS

Mailing Address

134 SOUTH GRACE AVENUE

KEWANEE

IL

61443-3042

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

309-854-3835

13020471460

Full Name of
Designated
Agent

Mailing Address

Title or Position

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

COMMUNITY STATE BANK

Mailing Address

300 NORTH MAIN STREET

KEWANEE

IL

61443-3042

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

13020471461

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\$ IN: _____



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A CUSTOMS DECLARATION
LABEL MAY BE REQUIRED.

FROM:

Kent Fitzsimmons
134 South Grace Ave
Keokuk IL 61443

TO:

Secretary of the Senate
Office of Public Records
P.O. Box 77578

Wash. DC 20013-7578

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UNITED STATES

NANCY ERICKSON
SECRETARY

DANA K. MCCALLUM
SUPERINTENDENT
HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7116
PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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DHL	_____
AIRBORNE EXPRESS	_____

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☐
☐
☐

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Date of Receipt

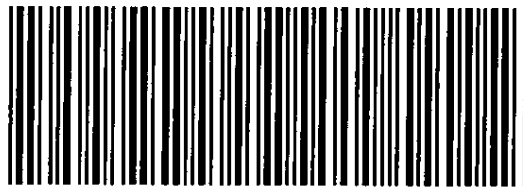
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Date of Receipt

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Date of Receipt or Postmark

PREPARER DH DATE PREPARED 10-18-13

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